

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dale Kirkindoll
13409 Ouachita Ave.
Baton Rouge, LA 70818

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☒ Agent
B. Received by (Printed Name) *[Signature]* Addressee
C. Date of Delivery *[Signature]*

D. Is delivery address different from item 1? *[Signature]*
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☒ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7004 1350 0002 9317 2648

Domestic Return Receipt

102595-02-M-1540